

SEP 28 2006

PTO/SB/97 (09-04)

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10/511856

CL1936USPCT

AMENDMENT

DECLARATION OF GERALD D. ANDREWS UNDER 37 CFR 1.132

TERMINAL DISCLAIMER

PETITION FOR EXTENSION OF TIME

FEE TRANSMITTAL (FOR TERMINAL DISCLAIMER)

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PTO/SB/17 (07-08)
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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) **130.00**

Complete if Known

Application Number 10/511856
Filing Date January 21, 2003
First Named Inventor Jonathan V. Caspar, Et Al.
Examiner Name
Art Unit 1752
Attorney Docket No. CL1938USPCT

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METHOD OF PAYMENT (check all that apply)

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For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	<input type="checkbox"/> 300	150	<input type="checkbox"/> 500	250	<input type="checkbox"/> 200	100	0.00
Design	<input type="checkbox"/> 200	100	<input type="checkbox"/> 100	50	<input type="checkbox"/> 130	65	0.00
Plant	<input type="checkbox"/> 200	100	<input type="checkbox"/> 300	150	<input type="checkbox"/> 160	80	0.00
Reissue	<input type="checkbox"/> 300	150	<input type="checkbox"/> 500	250	<input type="checkbox"/> 600	300	0.00
Provisional	<input type="checkbox"/> 200	100	<input type="checkbox"/> 0	0	<input type="checkbox"/> 0	0	0.00

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fee (\$)
- 20 or HP =	x	50.00 =
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims	Extra Claims	Fee (\$)
- 3 or HP =	x	200.00 =
HP = highest number of Independent claims paid for, if greater than 3.		
		Multiple Dependent Claims
		Fee (\$)
YES <input type="checkbox"/>		360.00
		Fee Paid (\$)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**
- 100 = / 50 = (round up to a whole number) x 250.00 =

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount) **Fees Paid (\$)**
Other (e.g., late filing surcharge): Terminal Disclaimer **130.00**

SUBMITTED BY

Signature Thomas H. Magee Registration No. 27,355 Telephone (302) 892-0795
(Attorney/Agent)
Name (Print/Type) Thomas H. Magee Date September 28, 2006

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